



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of: )  
Coward, R. Daniel et al. ) Group Art Unit: 2643  
Application No.: 10/808,761 ) Examiner: Huynh, Nam Trung  
Filed: March 24, 2004 ) Atty. Docket No: SUNMP324  
For: SYSTEM AND METHOD FOR ) Date: November 1, 2006  
ADVANCED SERVICE INTERACTION )

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 1, 2006.

Signed: \_\_\_\_\_

Sylvia Castillo

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE**

Dear Sir:

Applicants submit this paper in response to the non-Final Office Action mailed October 10, 2006. This paper is timely filed within the three-month period for response which extends to January 10, 2006. Applicants request reconsideration of the subject application in light of the following:

**Listing of Claims**, which begins on page 2 of this paper.

**Applicants' Remarks/Arguments**, which begin on page 9 of this paper.

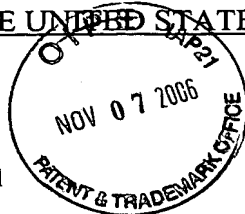
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
COWARD et al.

Application No.: 10/808,761

Filed: March 24, 2004

For: SYSTEM AND METHOD FOR ADVANCED  
SERVICE INTERACTION



Group Art Unit: 2643

Examiner: Huynh, Nam Trung

Atty. Docket No.: SUNMP324

Date: November 1, 2006

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processing**

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Signed: \_\_\_\_\_

Sylvia Castillo

Sir:

Transmitted herewith is a Response in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	<u>21</u> -	<u>21</u>	<u>0</u>	X25 = \$	OR	X50 = \$0
INDEP CLAIMS	<u>03</u> -	<u>03</u>	<u>0</u>	X100 = \$	OR	X200 = \$0
[ ] Multiple Dependent Claim Present and Fee Not Previously Paid				\$180		\$360
TOTAL				\$ _____		\$0

- ☐ Applicant(s) hereby petition for a \_\_\_\_\_ month extension of time to respond to the outstanding Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805.
- ☐ Enclosed is our Check No. \*\*\*\*\* in the amount of \$00 to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. SUNMP324). A copy of this sheet is enclosed.

Respectfully submitted,  
MARTINE PENILLA & GENCARELLA, LLP

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